

Form 3813

07087

## RECEIPT FOR INSURED MAIL

GPO 16-13285

No. \_\_\_\_\_

Postage 11 cts.Insurance  
fee paid 15 cts.

Fragile \_\_\_\_\_

Perishable \_\_\_\_\_

Eggs \_\_\_\_\_

DOMESTIC (Including Canada and Newfoundland)

FEES

5c	Value up to \$5
10c	Value up to \$25
15c	Value up to \$50
25c*	Value up to \$100
30c	Value up to \$150
35c	Value up to \$200

INDEMNITY

\* Maximum chargeable to Newfoundland. Apply at post office window for information concerning fees applicable to insured mail for foreign countries.

Fee paid for return receipt \_\_\_\_\_ cts.

Restricted delivery fee \_\_\_\_\_ cts.

Special delivery fee \_\_\_\_\_ cts.

Special handling charge \_\_\_\_\_ cts.

Accepting employee will place his initials in spaces applicable to indicate endorsements and insert the fees paid.

The sender should write the name of the addressee on back hereof as an identification. Preserve and submit this receipt in case of inquiry or application for indemnity. Indemnity claims must be filed within 6 months from date of mailing.

(Postmark of



Mailing Office)

POSTMASTER,

By \_\_\_\_\_